



**BUILT FOR  
PRIVATE EQUITY**  
CURATED FOR YOU



## Open Enrollment Guide 2025

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Prepared by: Hauser Employee Benefits

2025 Edition

# WELCOME

We would like to welcome you to the 2025 annual benefits summary package for **Hauser, Inc.** This packet contains summaries of the benefits offered to you by **Hauser, Inc.** We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

This benefits guide provides an overview of benefit plans, including eligibility, election periods and costs. In addition, the guide offers descriptions and explanations of each coverage plan option. We urge you to carefully consider all aspects of these programs, including their premiums, accessibility to healthcare services, flexibility, and restrictions.



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# ELIGIBILITY & ENROLLMENT

## Who Is Eligible?

Employees who are scheduled to work an average of at least 30 hours per week are eligible to be enrolled in the benefits described in this guide. **Benefits are effective on the first of the month following your date of employment.**

You may enroll your eligible dependents in the same plans you choose for yourself, including medical, dental, vision and voluntary life insurance coverage. Eligible dependents may include the following:

- ✓ Your legal spouse
- ✓ Your children up to age 26
- ✓ Your unmarried dependent children over age 26 who are incapable of self-care because of a disability and who rely on you for support.

Please note, if your spouse has medical coverage available to them via their employer, your spouse will not be eligible for the HAUSER medical plan.

## Enrolling in Coverage

Your enrollment period is an important time to review your benefits and choose the best options for you and your family. Review the 2025 Benefits Guide to understand the coverage available and any changes to the [Hauser, Inc.](#) Benefit Program. **You can enroll in coverage within 31 days of your hire date or during the annual open enrollment period.**

**Newly hired eligible employees enrolling for the first time** will make their benefit elections via *Employee Navigator*. You can make your benefit elections during the enrollment window. Coverage will begin on the first of the month following your hire date.

Please visit *Employee Navigator* to access your account profile. Your personal benefit elections will be housed in *Employee Navigator*.



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# ELIGIBILITY & ENROLLMENT

## Open Enrollment

Open Enrollment is your annual opportunity to make changes to your benefits. You must complete the Open Enrollment module in *Employee Navigator* even if you elect to waive coverage.

This open enrollment is a **PASSIVE ENROLLMENT** meaning employees must log-on to Employee Navigator if you are making changes or need to add FSA or HSA. **If you are enrolled in benefits today and you do nothing, your benefit elections will rollover, effective 01/01/2025.**

## Changing Your Coverage During the Year

Elected benefits will be effective January 1<sup>st</sup>. You are unable to make any changes during the year unless you experience a qualifying life event (as defined by the IRS) that allows a mid-year plan change.

These changes include (but are not limited to):

- ✓ Birth or adoption of a baby or child
- ✓ Loss of other healthcare coverage
- ✓ Eligibility for new healthcare coverage
- ✓ Marriage
- ✓ Divorce
- ✓ Change in child's dependent status



If you experience a qualifying life event, or if you have questions, please contact Human Resources (HR). You have 31 days after a qualifying event to make changes to your benefit elections. Please notify HR to make this request.

### When Dependent Children Age Out

Dependent children can remain on the medical, dental and/or vision coverage(s) until the end of the month in which they turn 26, at which time their coverage will be cancelled. Coverage under Voluntary Life and AD&D ends on their 26<sup>th</sup> birthday.

# MEDICAL & PRESCRIPTION DRUG BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



**Hauser, Inc.** offers a comprehensive benefits program to help you and your family protect your health and financial security. Your benefits are a valuable part of your compensation; we encourage you to learn how your plans work so you can get the most from them. These plans do not require you to select a primary care provider, nor is it necessary to obtain a referral to see a specialist.

Please review the following pages which highlight the main features of the two **Medical** plans offered this year. The complete benefit summaries are available on the *Employee Navigator Portal*. The following chart provides a summary of the main features of the **Medical** benefit options.

Medical Network: **Cigna**

Pharmacy: **Drexel**  
The Honest PBM

	HSA Plan Network: Cigna PPO	PPO Plan Network: Cigna PPO
Services	In-Network You Pay	In-Network You Pay
<b>Deductible</b>	Embedded	Embedded
- Individual	\$3,500	\$1,500
- Family	\$7,000	\$3,000
<b>Coinsurance</b>	0%	20%
<b>Max. Out-of-Pocket</b>		
- Individual	\$3,500	\$4,500
- Family	\$7,000	\$9,000
<small>(Includes deductible, coinsurance &amp; copays)</small>		
<b>Physician Office Visit</b>		
- Primary	0% after deductible	\$30 copay
- Specialist	0% after deductible	\$60 copay
<b>Preventive Care</b> <small>(Adult/Well-Child)</small>	No Cost	No Cost
<b>Urgent Care</b>	0% after deductible	\$60 copay
<b>Emergency Room</b>	0% coinsurance after annual deductible	\$300 copay
<b>Inpatient Service**</b>	0% coinsurance after annual deductible	20% coinsurance after deductible
<b>Outpatient Services**</b>	0% coinsurance after annual deductible	20% coinsurance after deductible

\*Out-of-Network benefits available on both plan options. Visit the HAUSER landing page for more information.

\*\*If using KISx, pre-certification is part of the process.

## Medical Key Reminders

- ✓ If services are provided by an out-of-network provider, the member is responsible for any amounts exceeding the “allowable charges,” in which case balance billing could occur.

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## KISx Card



SURGERY.SIMPLIFIED.

### Largest National Footprint

- ✓ Facilities in all 50 states
- ✓ Adding new facilities monthly



**Patient  
Travel  
Less than  
60 miles**

### About Us

KISx Card is the nation's largest surgical and imaging direct contracting solution. We are here not only to save you and your employees a substantial amount of money, but to make healthcare SIMPLE-the way it should be!

### Experience:

- 1 in 3 patients use the program more than once within a year
- KISx Card procedures constitute 30-35% of your annual medical spend
- Patient no longer avoids a procedure that they possibly couldn't afford
- KISx Card is integrated with over 40 TPA's around the Country
- KISx Card published in Employee Benefits Advisor Magazine
- KISx Card client at the White House as part of Transparency Executive Order

### Savings:



**50%**  
**Average Savings**



**Over 400**  
**Procedures Available**



**\$310 per Employee**  
**per Year Savings**

**Contact:**  **Phone: 877-GET-KISX**

 **Email: [info@getKISx.com](mailto:info@getKISx.com)**

 **[GETKISx.com](https://www.getKISx.com)**

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## HOW IT WORKS FOR EMPLOYEES?

Before seeking In-Network Providers through your health plan, just call a KISx Card Nurse regarding your elective procedure. By choosing a KISx Card provider, you will always pay \$0\*. Procedure categories include:

**Orthopedics, General Surgery, Colonoscopies & Most Major Imaging.**

\*HSA Plans require first dollar coverage from patient before procedure up to IRS Minimum, before program incentives are received.



## Case Studies:



### Total Knee Replacement

Plan Paid: \$54,363

Kisx Card All-Inclusive Price: \$22,500



### Total Hip Replacement

Plan Paid: \$47,973

Kisx Card All-Inclusive Price: \$23,400



### Colonoscopy

Plan Paid: \$3,846

Kisx Card All-Inclusive Price: \$2,170



### MRI of Abdomen

Plan Paid: \$1,390

Kisx Card All-Inclusive Price: \$520

## Procedures:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Ankle & Foot     | <input checked="" type="checkbox"/> Knee          |
| <input checked="" type="checkbox"/> Arthroscopy      | <input checked="" type="checkbox"/> Neck & Throat |
| <input checked="" type="checkbox"/> Ear              | <input checked="" type="checkbox"/> Shoulder      |
| <input checked="" type="checkbox"/> Elbow            | <input checked="" type="checkbox"/> Spine         |
| <input checked="" type="checkbox"/> Gastroenterology | <input checked="" type="checkbox"/> Urology       |
| <input checked="" type="checkbox"/> General Surgery  | <input checked="" type="checkbox"/> Wrist & Hand  |
| <input checked="" type="checkbox"/> Hip              | <input checked="" type="checkbox"/> And More      |



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# PRESCRIPTION DRUG BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



We know prescription drug coverage is important to you and your family, so when you elect medical coverage, you are automatically covered under the prescription drug plan. You may fill your prescriptions at participating retail pharmacies. Under the prescription drug coverage, the mail order option allows you to buy qualified prescriptions in larger 90-day quantities for a slightly higher copay amount as a 30-day supply at the retail pharmacy. Mail order saves you time on trips to the pharmacy because prescriptions are delivered right to your door.

There are several categories of drugs under the plans. The differences between these categories are described below:

- ✓ **Tier 1 – Generic:** Frequently prescribed generic drugs.
- ✓ **Tier 2 – Formulary:** Brand name drugs.
- ✓ **Tier 3 – Non-formulary:** Highest-cost drugs.

Find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging on to [www.drexia.com](http://www.drexia.com).

## Ways to Save

**Start with generics**, which are usually the lowest-cost options and have the same active ingredients as brand-name versions. And remember, if the generic price is lower than the co-pay, you receive the better price. Use the Price and Save tool on [www.drexia.com](http://www.drexia.com) to find drug costs in your area.

**If your medication is intended for short-term use**, such as antibiotic therapies for an illness, go to one of more than 68,000 network pharmacies to get it filled. Find a network pharmacy at [www.drexia.com](http://www.drexia.com).

**If you take a maintenance medication** (a drug you take until further notice) you can get 90-day supplies by using home delivery service. Get up to 90-day supply delivered to your home and save. You also can sign up for automatic refills. Sign up for home delivery at [www.drexia.com](http://www.drexia.com).

\*Mail order prescription benefits are available, go to [www.drexia.com](http://www.drexia.com) for more information.

	H.S.A Plan	PPO Plan
<b>Prescription Drugs</b>		
- Retail (Up to 30-day supply) Tier 1/ Tier 2/ Tier 3/Specialty	0% after deductible	\$10/\$35/\$35/ 20% with a maximum of \$250
- Mail Order (90-day supply) Tier 1/ Tier 2	0% after deductible	\$20/\$70

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## DREXI MOBILE APP

# Save Money on Prescriptions

YOUR TRUSTED RESOURCE FOR IMPORTANT PRESCRIPTION ANSWERS

**Drex** is excited to provide **The Drex App**. This digital tool helps you save money on prescriptions and make life easier!

## Download Drex to:

- View medications and real-time pricing anytime
- Switch medications and pharmacies with one-click
- Receive saving alerts
- And more!



## To Get Started:

- Download Drex
- Have your ID card handy
- Check your phone to activate your account



Scan the QR code with your smartphone's camera and click the popup to download The Drex App.

# Drex

Need help using the app?  
Call 866-967-1077  
or email [appsupport@Drex.com](mailto:appsupport@Drex.com)

Disclaimer: The Drex App is Powered by Levrx Technology, Inc. This is not a statement or a guarantee of savings. Outcomes are dependent several factors.

Drex Powered by: levrx™

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## SCRIPTSOURCING




## \$0 COPAYS

for over 800 maintenance, name-brand, and specialty medications.

## WHY SCRIPTSOURCING?

-  Employees and their dependents pay a **\$0 copay** for their medication(s).
-  ScriptSourcing saves the health plan money, and **lowers premiums**.
-  Prescriptions are **shipped directly to the member** with no shipping and handling fees or out-of-pocket expenses.
-  Enrollment is easy. Simply call **410-902-8811**, and ask for a member advocate, or schedule a call online.



## ENROLLMENT IS EASY!



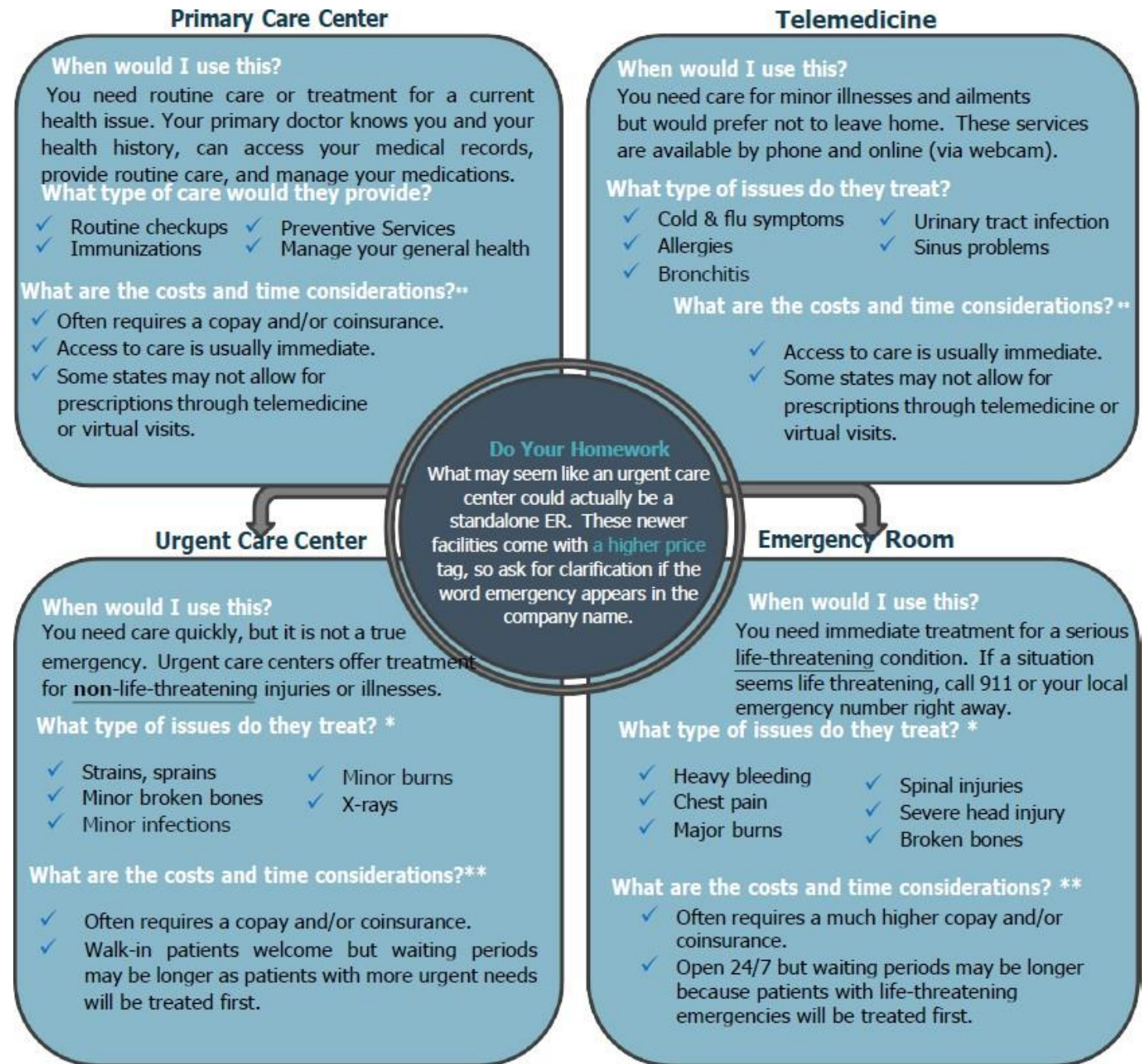
**CALL 410-902-8811**  
or search for your med and schedule a call online at  
**[www.scriptsourcing.com/med-finder](http://www.scriptsourcing.com/med-finder)**

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## WHERE TO SEEK CARE

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, look below at various care centers and resources and the types of care they provide.



\*This is sample of services and may not be all-inclusive.

\*\*Cost and time information represent average only and are not tied to a specific condition or treatment.

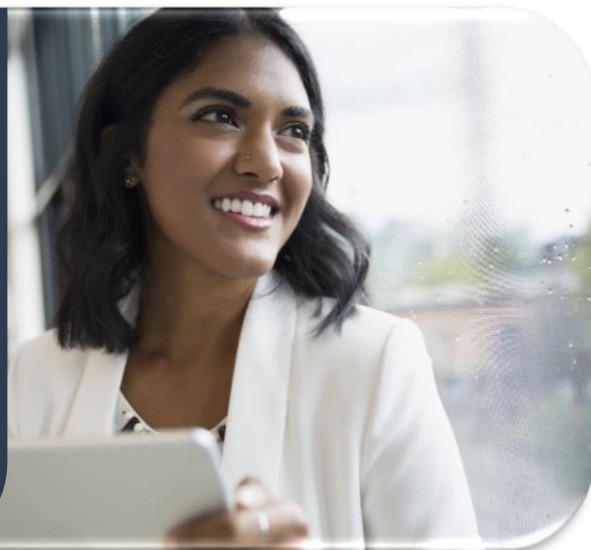
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TELADOC

Teladoc  
HEALTH

\* A Teladoc doctor is always just a call or click away at NO cost to you!

## Access to a doctor anytime, anywhere



### MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 20 years' experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

### GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Urinary tract infection
- Respiratory infection
- Skin problems
- And more!

### WHY TELADOC?

It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

## Talk to a doctor any time for free! \*

*\*When enrolled in CG Life medical coverage (members & dependents).*



[www.Teladoc.com](http://www.Teladoc.com)



1-800-Teladoc



Mobile App: Visit [Teladoc.com/mobile](http://Teladoc.com/mobile) to download the app. Log into your account and complete the "My Health Record" section.

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## DENTAL BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Dental coverage is important to your overall health and wellness. You can enroll in dental benefits offered by *Guardian* for yourself and your family. The dental plan features a network of dentists and specialists who have agreed to provide services at a discounted price. If you choose to see a dentist out of the network, you may be balance billed for any charges over what is considered “reasonable and customary”. This helps minimize any balanced billing but remember that the best way to maximize the benefit is by visiting an in-network dentist.

Please note ID cards are not required for you to receive services. Providers can confirm coverage with your Social Security Number. Any dependents on your plan can also use your Social Security Number to get care.

The following chart shows the features of the **Dental** benefit option. A complete benefit summary is available on *Employee Navigator*.

Services	Dental Core Plan		Dental Buy-Up	
	In-Network You Pay	Out-of-Network You Pay	In-Network You Pay	Out-of-Network You Pay
<b>Deductible</b> (Applies to Basic & Major)	\$50 individual \$150 family	\$50 individual \$150 family	\$25 individual \$75 family	\$25 individual \$75 family
<b>Preventive Services</b> (Deductible waived for Preventive)	Covered 100%	Covered 100%	Covered 100%	Covered 100%
<b>Basic Services</b>	20% after deductible	20% after deductible	20% after deductible	20% after deductible
<b>Major Services</b>	50% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>Annual Maximum</b>	\$1,000	\$1,000	\$2,000	\$2,000
<b>Orthodontia</b> (Dependent Children to age 19)	50%	50%	50%	50%
<b>Orthodontia Lifetime Maximum</b>	\$1,000	\$1,000	\$2,500	\$2,500
<b>Out-of- Network Reimbursement*</b>	Negotiated Fee Schedule	90 <sup>th</sup> Percentile	Negotiated Fee Schedule	90 <sup>th</sup> Percentile

\* Out-of-Network benefits for a given dental procedure are calculated according to the reasonable and customary charge for a particular area.

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) to access secure information about your Guardian benefits and locate in-network providers.

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## VISION BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Your vision health is an important part of complete wellness. EyeMed is pleased to present your vision benefits which are designed to give you and your covered family members the care, value, and service to help maintain good vision and overall health.

Please note ID cards are not required for you to receive services. Providers can confirm coverage with your Social Security Number. Any dependents on your plan can also use your SSN to get care.

The following chart shows the features of the **Vision** benefit option. A complete benefit summary is available on *Employee Navigator*.



### VISION NETWORK:

Services	In-Network You Pay	Out-of-Network Reimbursement
<b>Eye Exam</b> (Every 12 months)	\$10 copay	Up to \$30
<b>Materials</b>	\$10 copay	
<b>Standard Frame</b> (Every 24 months)	\$150 retail allowance Additional 20% off balance over allowance	Up to \$75
<b>Standard Plastic Lenses</b> (Every 12 months in lieu of contact lenses)		
Single Vision	No cost after materials copay	Up to \$25
Bifocal	No cost after materials copay	Up to \$40
Trifocal	No cost after materials copay	Up to \$60
<b>Contact Lenses</b> (Every 12 months in lieu of frames and lenses)		
Exam	\$25 Copay	
Elective	\$130 allowance Additional 15% off balance over allowance	Up to \$104
Medically Necessary	\$130 allowance	Up to \$104

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# EYEMED KNOW BEFORE YOU GO TOOL

INNOVATIVE ANSWERS FOR SMART SHOPPERS

## Smarter tools for smarter shoppers

### KNOW BEFORE YOU GO

At EyeMed, we want to help you get the most from your vision benefit. That's why we've enhanced our Know Before You Go tool. Now, it's easier to estimate your out-of-pocket costs, so you can be a savvy shopper.

- **New look and feel**—Navigate with ease.
- **Designed for all devices**—Use your phone, tablet or PC. The tool's responsive design adjusts to any screen size.
- **More flexibility**—Easily edit your selections or start over.
- **Spotlight on special offers**—Find more ways to save with your vision benefit.
- **Provider search**—Quickly find an eye doctor near you.

Along with these new features, the tool still offers simple definitions and interactive examples of common products and add-ons. Plus, you get a range of costs with each selection you make.

### TRY IT OUT FOR YOURSELF

- 1 **Register or log into your account at [member.eyemedvisioncare.com](https://member.eyemedvisioncare.com)** and click the Estimate Costs tab.
- 2 Select the service you want an estimate for: "Eye Exam" or "Vision Products" for glasses or contacts.
- 3 Choose your frame type—are you more fashion or function? Basic or premium?
- 4 Explore a variety of lens types, options and add-ons. Get details for each product.
- 5 Get a clear summary of your estimated out-of-pocket costs based on your selections.

INDEPENDENT  
PROVIDER  
NETWORK



LENSCRAFTERS

PEARLE  
VISION

OPTICAL

PDF-2202-M-1006



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## COST OF COVERAGE *(per 24 pay periods)*

**Hauser, Inc.** pays a portion of your health care premiums; however, we do require employees to contribute toward their health care costs as well. Employees pay a dollar amount based on the level of coverage they select. The following Payroll Deductions will be effective for this plan year and will be reflected on your first paycheck after your effective date.

### MEDICAL CONTRIBUTIONS (PER 24 PAY PERIODS)

	HDHP Base	PPO Buy-Up
Employee	\$60.00	\$70.00
Employee + Spouse	\$120.00	\$140.00
Employee + Children	\$90.00	\$105.00
Employee + Family	\$170.00	\$195.00

### DENTAL CONTRIBUTIONS (PER 24 PAY PERIODS)

	Dental Core	Dental Buy-Up
Employee	\$15.83	\$17.78
Employee +1	\$31.69	\$35.59
Employee + Family	\$54.17	\$63.16

### VISION CONTRIBUTIONS (PER 24 PAY PERIODS)

Employee	\$3.47
Employee + Spouse	\$6.59
Employee + Children	\$6.94
Employee + Family	\$10.20

The Medical, Dental and Vision benefits offered by Hauser, Inc. are covered under the IRS Section 125 plan. This plan allows your premium contributions to be taken out of your paycheck before taxes are applied. This results in greater take-home pay for you.

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# HEALTH SAVINGS ACCOUNTS (HSA)

Plan Year – January 1st through December 31<sup>st</sup>

**Hauser, Inc.** will offer an HSA to those who enroll in the **HDHP plan**. The HSA provides you with the ability to save and use pretax dollars to pay for eligible medical expenses (i.e., deductible). You can save approximately 25 percent of each dollar spent on medical expenses when you participate.

Contributions to your HSA are withdrawn from your paycheck on a pre-tax basis. This means you don't pay federal income tax, Social Security taxes, or local income taxes on the portion of your paycheck you contribute to the HSA. HAUSER partners with **General Electric Credit Union** to provide HSA services, but you can use any bank of your choice.

## What are the benefits of an HSA?

- ✓ Funds Rollover – No “use it or lose it” provision.
- ✓ Earns Interest – Monies accrue tax-free interest.
- ✓ Portable – Yours to keep. If you leave your employer, your HSA funds go with you.

The IRS HSA Contribution Limits are as follows:

2025 Annual Contribution Limits
\$4,300 (single)
\$8,550 (family)

**NOTE:** If you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000.

## You are eligible to enroll in an HSA if:

- ✓ You are enrolled in a qualified High Deductible Health Plan
- ✓ You have no other traditional medical coverage or prescription coverage.
- ✓ You or your spouse is not enrolled in a General-Purpose HealthCare FSA
- ✓ You are not claimed as a dependent on another person's tax return.
- ✓ You are not enrolled in Medicare, Medicaid nor have received care within the last three months through the Veteran's Administration for something that was not connected to a service disability.



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# FLEXIBLE SPENDING ACCOUNTS (FSA)

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



An FSA allows you to place money in a tax-sheltered, short-term account for use in paying for approved healthcare expenses. Enrollment occurs before the beginning of each plan year, or for new employees, during your initial enrollment period. **You must enroll each year** to participate in the Healthcare and Dependent Care Reimbursement Accounts. The amount you designate will be taken from your paycheck in equal amounts throughout the plan year. Keep your receipts and Explanation of Benefits (EOBs) in the event Navia or the IRS requests additional information on your transaction.

## General Purpose HealthCare FSA

- ✓ Contribution Limit: **\$3,300 (2025)**
- ✓ You are eligible to contribute to an FSA and use the funds for medical, dental and vision expenses not covered by the plan.
- ✓ The Health Care FSA contribution will be deducted from your paycheck over the course of the year. Since you pay no taxes on the money placed in the FSA, you effectively adjust your annual taxable salary.
- ✓ Contributions available on the first day of the new plan year.



## Dependent Care FSA

- ✓ Contribution Limit (2025):
  - **\$5,000** if you are a single or married filing jointly
  - **\$2,500** if you are married and filing separately
  - Money only available as contributed via your payroll deductions

**IMPORTANT:** Elections cannot be changed during the plan year unless you have a qualified change in family status like birth, death, marriage, or divorce. **Unused healthcare FSA amounts in excess of \$660 will be forfeited**, so plan carefully before making your elections.

**\*If you are contributing to an HSA, you must use a limited purpose FSA. When you make your elections in Employee Navigator, the system only allows you to enter a general-purpose FSA. Please enroll in the general-purpose FSA and contact HR to have the account switched to the limited-purpose FSA.**

### General Purpose Health Care FSA Rollover Provision

**Up to \$660** of 2025 unused FSA dollars can be used to reimburse 2025 eligible FSA expenses.

Claims must be incurred between January 1, 2025, and December 31, 2025.

These claims may be submitted for reimbursement between January 1, 2025, and March 31, 2025.

## [Navia Benefits Tax Calculator](#)

Benefit tax calculator

Estimate your benefit savings!



FSA budgeting tips!

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## NAVIA MOBILE APP



### Access your benefits and submit claims anytime, anywhere!

Whether you're at the doctor's office or on vacation, the MyNavia App allows you to manage and access your benefits right from your smartphone! Available for iPhone and Android devices, the MyNavia App is a free-to-download and free-to-use tool for any Navia participant with an FSA or HSA.



#### Easy claim submission

Take photos of your receipts to submit a claim directly from your phone or verify Navia Debit Card charges.



#### Receive claim alerts

Receive alerts for when claims are processed or reimbursed. Check the status of your claim submissions and view your complete account history.



#### View account balances

View real-time account balances for your FSA, HRA, HSA, or Commuter benefits. Always know the status of your accounts and easily access the information you need when you need it.



#### Fingerprint and facial ID login



#### View all eligible expenses for your benefits

### Download the MyNavia app for free!

Search for "Navia" or "Navia Benefits" in the Apple App Store or Google Play Store.



[www.naviabenefits.com](http://www.naviabenefits.com)



# NAVIA FSA TAX INFORMATION



Flexible Spending Arrangements (FSAs) help you save money on health and day care and allow you to spend it on the things you care about. FSAs will have the whole family cheering!

## Taxes 101

The federal government takes about 30% of each dollar you earn in FICA and federal income taxes, and you take home the remaining 70% to use for your living expenses. When you use an FSA, you set aside money before it is taxed, so you spend the entire 100% of your earned income on your day care expenses.

## How much could you save?

Let's look at an example: Employees A and B both earn \$55,000 per year. They each have \$2,000 in out of pocket day care expenses.

Employee A and Employee B have the same earnings and tax bracket, but Employee B saves \$600 per year by contributing to an FSA!

### Employee A

Annual gross income	\$55,000
Estimated taxes (30%)	-\$16,500
Annual net income	\$38,500
Out-of-pocket care expenses	-\$2,000
Actual take home pay	\$36,500

### Employee B

Annual gross income	\$55,000
Out-of-pocket care expenses	-\$2,000
Adjusted gross income	\$53,000
Estimated taxes (30%)	-\$15,900
Actual take home pay	\$37,100

## How does it work?

- During your open enrollment estimate your expenses for the plan year and enroll in the plan.
- Your annual election amount will be evenly deducted pre-tax from your paycheck throughout the plan year.
- You cannot change your annual election amount after the plan start unless you have a qualified change in status. For example, birth, death, marriage or divorce.
- Check out your Navigate My Benefits and Pre-Tax Solutions pages for more details on how your plan works.

## Visit or contact us:

[www.naviabenefits.com](http://www.naviabenefits.com)  
[customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com)  
 (800) 669-3539 | (425) 452-3500

**Spend less on day care expenses and more on the things you love. Enroll now!**

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### How do I access my benefits?

Accessing your benefits couldn't be easier, just swipe your Navia Benefit Card to pay for eligible health care and daycare expenses. Funds come directly out of your FSA and are paid to the provider. Some swipes require us to verify the expense, so hang on to your receipts! If we need to see it, we will send you an email or notification via our smartphone app.

You can also submit claims online, through our smartphone app for Android and iPhone, email, fax or mail. Claims are processed within a few days and reimbursements are issued according to your employer's reimbursement schedule. Be sure to include documentation that clearly shows the date, type and cost of the service.

### Submitting claims is easier than ever using FlexConnect

The FlexConnect feature connects your FSA to your insurance plans and seamlessly creates a claim with proper documentation direct from your insurance carrier! All you have to do is click "reimburse me" and the claim is expedited for payment. Sign up for FlexConnect today!

### Get more with the MyNavia mobile app

The MyNavia app is free to download on both iPhone and Android. You can manage your benefits and view important details right from the convenience of your phone.



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## Show me my pre-tax solutions:

### Health Care FSA

The Health Care FSA (HCFSA) allows you to pay for out-of-pocket medical expenses with tax-free dollars. Think of the HCFSA as a tool to pay for all your regular medical expenses throughout the plan year.

- Expenses for you, your spouse and tax-dependents are eligible for reimbursement, regardless of if they are covered on your medical plan.
- The Health Care FSA is a pre-funded benefit. This means you have access to your full annual election amount at any time during the plan year.
- Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses the better the plan will work for you!

### Common Eligible Expenses

- Prescription drugs
- Over-the-counter medicines
- Menstrual care products
- Copays and coinsurance
- Deductibles
- Office visits
- Dental work
- Orthodontia
- Glasses
- Contacts
- Chiropractic
- Massage

Expenses that are cosmetic in nature are not eligible. Click [here](#) for a full eligibility list.

### Day Care FSA

Child care can be one of the single largest expenses for a family with children. A Day Care FSA (DCFSA) can be used to pay for your qualified day care expenses with pre-tax dollars which can save you up to \$1,700 per year!!

- The DCFSA limit is set by the IRS and is a calendar year limit of \$5,000 per household, \$2,500 if married and filing separately. If your plan year is not on a calendar year, take extra care in calculating your annual election.
- Expenses can be for your dependent children 12 and under, and in some cases elder care, and must be enabling you to work, actively look for work or be a full-time student.

### Common Eligible Expenses

- Child Care
- Preschool
- Before and after school care
- Day Camps

Expenses for school tuition and overnight camps are not eligible.



## Show me my pre-tax solutions:

### Limited Health Care FSA

The Limited Health Care FSA allows you to pay for out-of-pocket dental, vision and orthodontia expenses with tax-free dollars. Think of the Limited FSA as a tool to pay for all your regular dental and vision expenses throughout the plan year.

- Expenses for you, your spouse and tax-dependents are eligible for reimbursement, regardless of if they are covered on your medical plan.
- The Limited FSA is a pre-funded benefit. This means you have access to your full annual election amount at any time during the plan year.
- Estimating future expenses is an important step as you prepare to enroll in an FSA. The more accurate you are in estimating your expenses, the better the plan will work for you!

### Common Eligible Expenses

- Dental Cleanings and x-rays
- Root Canals
- Crowns
- Bridges
- Orthodontia
- Glasses
- Contacts

Expenses that are cosmetic in nature are not eligible.



# LIFE AND AD&D INSURANCE

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



## Group Life and AD&D

Coverage is available through *MetLife*. Life and Accidental Death & Dismemberment (AD&D) insurance is an important benefit as it provides your beneficiaries financial protection in the event of a tragic loss.

*Hauser, Inc.* provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance and **pays for 100% of the coverage.**

## Voluntary Life and AD&D

If you need additional Life insurance to meet your financial needs, you can purchase **Voluntary Life and AD&D** insurance through after-tax payroll deductions for yourself, your spouse, and your child(ren). How much your family needs depends on your personal situation (other income, monthly expenses, short and long-term debt such as credit card or mortgage expenses, etc.). Should you leave the company, you can elect to continue this coverage directly with *MetLife*.



### Basic Life - Group

Employee Benefit Amount: Life	<ul style="list-style-type: none"> <li>✓ Employees making less than \$150,000, the amount provided by HAUSER is one (1) time salary up to a maximum of \$150,000.</li> <li>✓ Employees making more than \$150,000 the amount provided by HAUSER is two (2) time salary (Guaranteed Issue - \$375,000), up to a maximum of \$500,000.</li> </ul>
Employee Benefit Amount: AD&D	<ul style="list-style-type: none"> <li>✓ Equal to your Basic Life benefit.</li> </ul>
Benefits Reduction: Age Band	<ul style="list-style-type: none"> <li>✓ 35% at age 65</li> <li>✓ 50% at age 70</li> </ul>

### Voluntary Life

Employee Benefit Amount: Life/AD&D	<ul style="list-style-type: none"> <li>✓ Increments of \$10,000 up to a maximum \$500,000 or 5x annual salary, whichever is less</li> <li>✓ New Entrants: Guarantee Issue (GI) Amount \$100,000</li> </ul>
Spouse Benefit Amount: Life/AD&D	<ul style="list-style-type: none"> <li>✓ Increments of \$5,000 to a maximum of \$100,000. Not to exceed 100% of the e election.</li> <li>✓ New Entrants: GI Amount \$25,000</li> </ul>
Child(ren) Benefit Amount: Life/AD&D	<ul style="list-style-type: none"> <li>✓ \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000</li> <li>✓ New Entrants: GI Amount \$10,000</li> </ul>

Evidence of Insurability (EOI): is required if you are requesting an amount of coverage that exceeds the maximum guaranteed issue amount on your plan.

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## SHORT-TERM DISABILITY

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



If you become disabled and cannot work, no benefit becomes more important to your financial security than Disability Income protection. Short-term disability coverage provides income protection on a short-term basis in the event you experience a non-occupational injury or illness that prevents you from working. **Please note that for the purposes of short-term disability, pregnancy is a covered condition.** Short-term disability is offered through *MetLife*, and you as the employees are 100% responsible for the cost.

If you have previously not enrolled in the short-term disability benefit and wish to now enroll you will need to complete a Statement of Health to be evaluated by *MetLife*.

### Short-Term Disability

Elimination Period	7 days illness / injury
Income Replacement	60% of your basic earnings
Maximum Benefit	\$1,500 weekly
Maximum Benefit Period	12 weeks
Pre-Existing Limitations	3/12

### Employee Rates

All Active Full-Time Employees	\$0.227 per \$10 of Short-Term Disability Benefits.
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### Helpful Terms

**Elimination Period:** The period of time you have to wait before benefits begin, starting the day you become ill or injured.

**Maximum Benefit:** This is the highest dollar amount a disabled employee can receive on a weekly basis under the plan.

**Pre-Existing Limitations:** Anything that you have been diagnosed with or treated for within 3 months prior to the effective date will not be covered for the first 12 months.

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# LONG-TERM DISABILITY

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>



Long-term disability coverage provides income protection on a long-term basis in the event you experience a non-occupational injury or illness that prevents you from working. Long-term disability is offered through MetLife.

## Long-Term Disability

<b>Elimination Period</b>	90 days
<b>Income Replacement</b>	60% of your basic earnings
<b>Maximum Benefit</b>	\$12,000 per month
<b>Benefit Duration</b>	Social Security Normal Retirement Age
<b>Own Occupation Period</b>	2 years
<b>Pre-Existing Limitations</b>	3/12



Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you're covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted.

**This benefit is 100% Employer paid.** Since HAUSER pays the premium for the plan, the benefit, should you become disabled, is taxable to you. Under section 204-55 of the tax-code, the IRS allows employees to obtain a tax-free disability benefit, so you may decide whether or not you want your LTD benefits to be taxed. If you choose to have non-taxable LTD benefits, YOU MUST PAY TAX ON THE PREMIUM HAUSER pays on your behalf. Choosing non-taxable benefits is an excellent way of improving your LTD benefits. In most cases, one month of increased LTD benefit will cover years of any income tax liability.

If you choose to have non-taxable LTD benefits, HAUSER will add the cost of the insurance to your payroll on a semi-monthly basis. As your income increases so will the cost of your LTD benefits. The amount of premium paid is dependent upon your income. If you choose non-taxable benefits, the premium amount will be added to your W-2.

A complete benefit summary is available on our Employee Navigator Portal.

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# MENTAL HEALTH WELLNESS

Included at no additional cost with your company paid Basic Life Insurance



## Meet Spring Health, your new mental wellness benefits provider.

Guardian has partnered with Spring Health to bring you personalized mental health services — confidential and at no cost to you through your employer.



With Spring Health, you have access to:



### Wellness exercises

Mental fitness on-the-go with Moments



### Confidential therapy

Meet with a trusted therapist in as soon as two days



### Medication management

In-network providers when appropriate



### Personalized care

Mental wellness plan specific to you



### Care Navigators

Dedicated support from licensed professionals

Your care with Spring Health is private and confidential.



Scan now to get started or visit:  
[guardianbenefits.springhealth.com](https://guardianbenefits.springhealth.com)

Search for your "Spring Health Mobile" in your app store:



Mental wellness benefits discussed herein are provided by Spring Care, Inc., d/b/a Spring Health ("Spring Health"), 251 Park Avenue, South, 6th Floor, New York, NY 10010. Spring Health is not an insurance benefit. Insured products are offered by The Guardian Life Insurance Company, New York, NY, ("Guardian") which has a financial interest in Spring Health. Spring Health may not be offered through Guardian in all states. 2022-135753 (Exp. 3/24)

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# VOLUNTARY BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>

## CRITICAL ILLNESS



**Hauser, Inc** provides all active full-time employees with the opportunity to purchase Critical Illness benefits through Guardian. You may have medical insurance, but that doesn't mean you're covered for all the expenses resulting from a serious illness that you probably haven't budgeted for—things like copays, deductibles, loss of income, childcare and travel expenses. Critical illness insurance provides a cash benefit for a covered illness, creating a financial safety net for you and your family.

Employees may choose a lump sum benefit of \$5,000 to \$20,000 in \$5,000 increments. Employee cost includes child cost. Children are eligible for 25% of the elected employee coverage.

You can also elect spousal/domestic partner coverage not to exceed 50% of the elected employee coverage. Employees and dependents are eligible for a \$50/year wellness benefit.

Tobacco and non-tobacco rates apply and are based on age and elected benefit level.

## ACCIDENT INSURANCE



Nobody plans to have an accident, and most people do not budget for one! **Hauser, Inc** provides all active full-time employees with the opportunity to purchase Accident benefits through Guardian. Accident insurance helps you pay for out-of-pocket expenses medical insurance will not cover. It is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you might owe out of pocket if you or a family member were to get injured. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

If you enroll in the Accident benefits, you will automatically have access to **TravelAid** which provides global around the clock service to ensure you get the assistance you need while traveling. Services include preventive tips and information before you travel, 24/7 security and response and medical referrals and medical transportation services. For more information call 800-527-0218.

## PET INSURANCE



MetLife Pet insurance helps to reimburse pet parents for covering unexpected veterinary expenses for their furry family members if they become sick or have an accidental injury.

You can select the coverage that best meets your needs from a range of annual limits, deductibles, and coinsurance levels, including optional wellness coverage (preventive care).

Accident coverage begins at midnight on policy effective date and after 14 days for illness coverage.

Your premiums are based on:

- Species, breed, and age of pet
- Employee zip code
- Coverage amount elected

**If interested, enroll by calling: (855)270-7387**

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# VOLUNTARY BENEFITS

Plan Year: January 1<sup>st</sup> through December 31<sup>st</sup>

## IDENTITY THEFT & CREDIT MONITORING



**SmartIDentity** provides you with Fully Managed Identity Recovery Services to protect you and your qualified family members from fraud and/or identity theft.

If, for any reason, you or a qualifying family member becomes a victim or even suspects identity fraud, a professional and certified Recovery Advocate will manage the logistics of restoration and will take control to resolve the issues on your behalf, no matter how long it takes. This is not a “do-it-yourself” kit! You will have access to Identity Fraud Research, Remediation and Recovery services.

Three Generation Fully Managed Identity Recovery protects not only you as an employee of Hauser from identity theft, but the services also extend to cover up to three generations (3G) of your family. See benefit summary for more details.

NOTE: You will find rates and benefit summaries for all voluntary benefits as you enroll in Employee Navigator



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# SMART IDENTITY




**SmartIDentity™**


## SmartIDentity for Employees ID Theft Employee Benefit Program

Fully Managed Recovery and Restoration protects you and your family from the devastating effects of Identity Theft!

SmartIDentity is a comprehensive identity and credit monitoring and recovery solution that helps protect you, as an employee and your eligible family members from any form of identity theft.

### INDUSTRY LEADING RECOVERY

Identity theft can strike at any time. But you can rest easy knowing you and your family members are protected with SmartIDentity.

In the event of ID theft, you or your qualified family member will receive one-on-one attention from an experienced, certified, US-based Recovery Advocate. The RA will manage the entire recovery process from start to finish, working with affected agencies including:

- Law enforcement
- Credit bureaus
- Banks and creditors
- DMV
- Social Security Administration

**Who is eligible for the 3G recovery services?**

Fully Managed Identity Fraud Research, Remediation and Recovery services extend to three generations of a family. A qualifying family member shall mean the primary consumer's spouse or domestic partner, the consumer's dependents who have the same permanent address as the consumer, any IRS-qualified dependents, and parents (mother or father) of the consumer who have the same permanent address as the consumer, or, who are registered in a senior assisted living facility, nursing home, or hospice. Services continue to provide coverage for up to 12 months after death for all covered members.

If you elect to enroll in one of the Comprehensive SmartIDentity options referenced below, you will receive an enrollment email inviting you to activate your elected benefit. If you have any question about the benefit or the activation process, please contact the SmartIDentity Recovery Care Center at 844-301-3592.

Please contact your Human Resources Representative if you have any questions about the Open Enrollment process and the SmartIDentity benefit!

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## SmartIDentity Voluntary Upgrade Packages

PRODUCTS	OPTION 1	OPTION 2
<b>Fully Managed Recovery</b> Provides a dedicated and certified Recovery Advocate to work on your behalf to perform all the tasks necessary to help restore your identity to pre-theft status.	✓	✓
<b>Single Bureau Credit Report &amp; Score</b> Direct access to your Transunion credit report and score in an easy to read format from the security of your Identity Care Account.	✓	✓
<b>Single Bureau Credit Monitoring</b> Credit monitoring provides protection against identity theft by monitoring your Transunion credit report for new activity. If and when any new activity occurs, you will receive an alert which has been triggered by a change in your credit file. The alert will provide details on the type of activity which has triggered the change: new credit account, application for any type of loan, or change of address - to name a few.	✓	
<b>Three Bureau Credit Monitoring</b> Credit monitoring provides protection against identity theft by monitoring your credit report from each of the three national credit bureaus for new activity. If and when any new activity occurs, you will receive an alert which has been triggered by a change in your credit file. The alert will provide details on the type of activity which has triggered the change: new credit account, application for any type of loan, or change of address - to name a few.		✓
<b>Score Tracker</b> Score Tracker empowers you by providing a monthly update of the most important element affecting your financial future - your credit score. You can clearly view how your credit score has changed over time.	✓	✓
<b>Internet Monitoring</b> Proactively monitor the Internet and social websites for your information as well as for accounts and personally identifiable information (PII) that you specify. In addition to your registered PII, you can monitor black market websites, chat rooms and bulletin boards for up to 50 unique pieces of personal and account information. Monitor the dark web for your credit card numbers and bank account information. Get email and text alerts, access your Identity Care Account to get the details on the severity and recommendation when any of your monitored information is located.	✓	✓
<b>Credential Vault</b> Credential Vault provides you with a means to record important data about your credit cards and other critical personal information that could be lost with your wallet or purse. You can access your personal information while away from home from any location with an Internet connection. Securely store up to 50 separate pieces of personal information such as: credit cards, checking accounts, savings accounts, personal loan information, identification information, retirement accounts, certifications, licenses, and more!	✓	✓
<b>Lost Document Replacement</b> Protect yourself from the sudden loss, for any reason, of your purse or wallet. In the unfortunate event that you are without your purse or wallet, call your dedicated Advocate. They will be available to assist you in addressing and replacing the lost documentation such as credit cards, licenses, passports, personal bank accounts and government issued documents, to name a few!	✓	✓
<b>Individual Plan – Monthly Price</b> <b>Family Plan – Monthly Price</b>	<b>\$5.00</b> <b>\$10.00</b>	<b>\$10.00</b> <b>\$20.00</b>



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## HAUSER TRAVEL PERKS

### Travel for a Fraction of the Cost

Save up to 50% on hotels, theme parks and car rentals!

Enjoy wholesale rates on over **850K HOTELS** worldwide you won't find anywhere else!



Experience more for less with fun discounts on popular **THEME PARKS** and activities!



Get where you need to go for less with **CAR RENTAL** deals at popular providers!



### How to Get Started

#### WEB:

1. Visit [thehausergroup.accessperks.com](https://thehausergroup.accessperks.com)
2. Click 'Sign Up' and register with code HAUSERPERKS
3. Search your travel deals and save!





## 401(k) BENEFITS

With John Hancock, you'll find simple suggestions to help you in your journey to retirement. Contact John Hancock to access your account 24 hours per day, seven days per week.

### Online

[myplan.johnhancock.com](https://myplan.johnhancock.com)

Once logged in, check out the personalized retirement planning tool. It's a unique and meaningful way to plan for your retirement.

### Mobile device

Download John Hancock's retirement app for your iOS or Android device or scan the QR code. Enroll in the retirement plan, and view your account balance, asset allocation, and personal rate of return.

### Consolidate your accounts

Call a consolidation representative at **877-525-7655** if you have past accounts that you'd like to combine into your John Hancock retirement account. Representatives are available Monday through Friday, from 8:30 A.M. to 7:00 P.M., Eastern time.<sup>1</sup>

### Changing jobs or retiring?

Call **866-401-2472** to speak with our rollover education specialists. They'll review your options with you and help you make a choice that reflects your financial needs. Our team is available Monday through Friday, from 8:30 A.M. to 7:00 P.M., Eastern time.<sup>2</sup>

Access your  
retirement savings  
plan at any time,  
from anywhere

For Android



For iOS



Download John Hancock's  
retirement app today.

### Take action!

Be sure to bookmark  
[myplan.johnhancock.com](https://myplan.johnhancock.com).

With John Hancock, you'll find simple suggestions to help you in your journey to retirement. Contact John Hancock to access your account 24 hours per day, seven days per week.

### Online

[myplan.johnhancock.com](https://myplan.johnhancock.com)

Once logged in, check out the personalized retirement planning tool. It's a unique and meaningful way to plan for your retirement.

### Mobile device

Download John Hancock's retirement app for your iOS or Android device or scan the QR code. Enroll in the retirement plan, and view your account balance, asset allocation, and personal rate of return.

### Consolidate your accounts

Call a consolidation representative at **877-525-7655** if you have past accounts that you'd like to combine into your John Hancock retirement account. Representatives are available Monday through Friday, from 8:30 A.M. to 7:00 P.M., Eastern time.<sup>1</sup>

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# IMPORTANT NOTICES

## Notice of Patient Protections & Prior Authorization Procedures

Your **Hauser, Inc** plans allow you to visit any doctor or hospital you choose. However, Prior Authorization is required for certain services. Make sure Your Provider obtains Prior Authorization before any planned hospital stays (except maternity admissions), skilled nursing and rehabilitative facility admissions, certain outpatient procedures, Advanced Radiological Imaging services, certain Specialty Drugs, and Durable Medical Equipment costing \$500 or more. Contact BPA Customer Service using the number on the back of your medical ID card or online at [www.bpaco.com](http://www.bpaco.com) to find out which services require Prior Authorization. You can also call the customer service department to find out if your admission or other service has received Prior Authorization. For more information, please refer to your Evidence of Coverage document located online at [www.bpaco.com](http://www.bpaco.com).

## Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

- HDHP/HSA: \$3,500 Individual Deductible / \$7,000 Family Deductible / 0% Coinsurance
- PPO Plan: \$1,500 Deductible / \$3,000 Family Deductible / 20% Coinsurance

If you would like more information on WHCRA benefits, call your plan administrator 1-866-801-4409.

## Newborns' and Mothers' Health Protection Act

Under federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g., your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier. Also, under federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your Out-of-Pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

## Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Human Resources.

## Notice of Privacy Practices

**BPA** is required to maintain the privacy of all medical information as required by applicable laws and regulations; provide a notice of privacy practices to all Members; inform Members of the Plan's legal obligations; and advise Members of additional rights concerning their medical information. For more information, please refer to your Evidence of Coverage document located online at [www.bpaco.com](http://www.bpaco.com)

All Members will be notified of any changes by receiving a new notice of the Plan's privacy practices. You may request a copy of this notice of privacy practices at any time by contacting **BPA**.

**Uniformed Services Employment and Reemployment Rights Act of 1994**

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

## PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877- KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

ALABAMA – Medicaid	ALASKA – Medicaid
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Website: Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid

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## HAUSER 2025 ENROLLMENT GUIDE

<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></p> <p>Health First Colorado Member Contact Center:</p> <p>1-800-221-3943/ State Relay 711</p> <p>CHP+: <a href="https://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a></p> <p>CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p> <p>Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442</p>	<p>Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a></p> <p>Phone: 1-877-357-3268</p>
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GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162, Press 1</p> <p>GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a></p> <p>Phone: (678) 564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a></p> <p>Phone 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p> <p>HIPP Phone: 1-800-766-9012</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/la hipp">www.ldh.la.gov/la hipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP

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## HAUSER 2025 ENROLLMENT GUIDE

<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a></p> <p>Phone: 1-800-862-4840</p> <p>TTY: (617) 886-8102</p>
<b>MINNESOTA – Medicaid</b>	<b>MISSOURI – Medicaid</b>
<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>	<p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
<b>MONTANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
<p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p> <p>Email: <a href="mailto:HHSHIPPPProgram@mt.gov">HHSHIPPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a></p> <p>Medicaid Phone: 609-631-2392</p> <p>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></p> <p>CHIP Phone: 1-800-701-0710</p>	<p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a></p> <p>Phone: 1-800-541-2831</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a></p> <p>Phone: 919-855-4100</p>	<p>Website: <a href="http://www.nd.gov/dhs/services/medicalsev/medicaid/">http://www.nd.gov/dhs/services/medicalsev/medicaid/</a></p> <p>Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></p> <p>Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a></p> <p>Phone: 1-800-699-9075</p>

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## HAUSER 2025 ENROLLMENT GUIDE

PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: <a href="https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx">https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx</a> Phone: 1-800-692-7462 CHIP Website: <a href="https://www.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a> CHIP Phone: 1-800-986-KIDS (5437)	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA – Medicaid
Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.vermont.gov/health/hipp">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> <a href="https://www.coverva.org/en/hipp">https://www.coverva.org/en/hipp</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

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## Uniformed Services Employment and Reemployment Rights Act of 1994

A Subscriber may continue his or her Coverage and Coverage for his or her Dependents during military leave of absence in accordance with the Uniformed Services Employment and reemployment Rights Act of 1994. When the Subscriber returns to work from a military leave of absence, the Subscriber will be given credit for the time the Subscriber was covered under the Plan prior to the leave.

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)

1-866-444-EBSA (3272)

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44

U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



## IMPORTANT NOTICE FROM HAUSER, Inc.

### PRESCRIPTION DRUG COVERAGE AND MEDICARE FOR PLANS:

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage under the **HAUSER, Inc.** plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. **HAUSER, Inc.** has determined that the prescription drug coverages offered by **HAUSER, Inc.** are, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.
3. When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

#### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under your **BPA** is creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### What Happens to Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current **UnitedHealthcare** coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **HAUSER, Inc.** coverage, be aware that you and your dependents will not be able to get this coverage back until the next Annual Open Enrollment or a mid-year qualifying event.

#### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 01/01/2025  
 Name of Entity/Sender: **Hauser, Inc.** Office  
 Contact/Position: Colleen Sheehan  
 Phone: 513.936.7362  
 Address: 5905 E. Galbraith Road, Suite 9000, Cincinnati, OH 45236

The information in this Enrollment Guide is presented for illustrative purposes and the text contained herein was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

# CONTACTS

## Your Carriers

Contact Name	Contact Information
Medical Benefit Plan Administrators	Phone: 1.800.236.7789, Option #3 Email: <a href="mailto:customerservice@bpaco.com">customerservice@bpaco.com</a>
KISx Card	Phone: 1.877.438.5479 Email: <a href="mailto:info@getKISx.com">info@getKISx.com</a>
Pharmacy Drex	Phone: 1.844.724.3479 Website: <a href="http://www.drex.com">www.drex.com</a>
Pharmacy Advocate Script Sourcing	Phone: 1.844.724.3479 Website: <a href="http://www.scriptsourcing.com">www.scriptsourcing.com</a>
Dental Guardian	Phone: 1.800.541.7846 Website: <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Vision Eyemed	Phone: 1.866.939.3633 Website: <a href="http://www.eyemed.com">www.eyemed.com</a>
Health Savings Account GE Credit Union	Phone: 1.800.542.7093 Website: <a href="http://www.gecreditunion.com">www.gecreditunion.com</a>
Flexible Spending Account Navia	Phone: 1.877.669.3539 Website: <a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Life and AD&D and Disability MetLife	Phone: 1.800.275.4638 Website: <a href="http://www.metlife.com">www.metlife.com</a>
Employee Assistance Program MetLife through LifeWorks	Phone: 1.888.319.7819 Website: <a href="http://metlifeeap.lifeworks.com">metlifeeap.lifeworks.com</a> Username: metlifeeap/ Password: eap
Accident & Critical Illness Guardian	Phone: 1.888.600.1600 Website: <a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Identity Theft & Credit Monitoring Smart Identity	Phone: 1.800.487.9051 Website: <a href="http://www.thehausergroup.merchantsinfo.com">www.thehausergroup.merchantsinfo.com</a>
401 (k) John Hancock	Phone: 1.877.525.7655 Website: <a href="http://www.johnhancock.com/myplan">www.johnhancock.com/myplan</a>

## Human Resources

Contact Name	Email
Colleen Sheehan	Phone: 513.936.7362 Email: <a href="mailto:csheehan@thehausergroup.com">csheehan@thehausergroup.com</a>

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